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the many women, including Salmons, and African scholars who made key discoveries. One such researcher was Kamoya Kimeu, one of the greatest observers of human origins, who died in 2022. His successors are, increasingly, leading research today. The collections aim to celebrate all those who contributed to humanity's evolving understanding of this part of the human story. The people might have changed, but Africa remains the heart of human origins.

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What US exit means for the World Health Organization

If the remaining 193 members want the WHO to succeed, they must find a way to pay for it.

The executive board of the World Health Organization (WHO) is meeting this week, just days after US President Donald Trump made the decision to withdraw the United States from the WHO. This loss of a founding member is, without doubt, a heavy blow; in 2022–23, the United States contributed around one-sixth of the agency's overall income.

In his keynote speech to the board, WHO director-general Tedros Adhanom Ghebreyesus called for "constructive dialogue to preserve and strengthen the historic relationship between WHO and the USA". Even if Trump should change his mind, his move to withdraw the United States must still act as a wake-up call for the WHO's remaining 193 member countries to step up. The organization cannot allow itself to become so reliant on a single donor again.

Part of the difficulty the WHO faces is that it is not easy to succinctly articulate what the agency does. It is the world's only global authority for coordinating international public-health work. For low-income countries, the WHO provides a lifeline to affordable drugs and vaccines, access to quality standards and help to increase health-care capacity. All countries benefit when the WHO's actions limit the spread of infectious diseases.

The agency's signature achievement is the eradication of smallpox in 1980. Since then, governments worldwide have given the WHO responsibility for surveillance and control of infectious-disease outbreaks. It works with national health systems to promote good health and to set standards for vaccines and therapeutics. Increasingly, the agency is harnessing science and evidence in its decision-making, through a (still relatively new) office of the chief scientist.

> **"The world is very different today compared with 1948, when the WHO was founded."**

Work that the US contribution, which in 2022–23 came to some US$1.3 billion, has helped to fund includes efforts to contain infectious-disease outbreaks such as mpox in the Democratic Republic of the Congo and neighbouring countries, and Marburg virus disease in Rwanda. The United States has been instrumental in the fight against Ebola virus, as well as in providing humanitarian and emergency-health assistance in areas affected by conflict.

The US contribution has been considerable. But the funding gap left by its exit could be filled by the WHO's remaining members — particularly the high-income and upper-middle-income nations — and philanthropic foundations. Possibly anticipating a US exit, last November the WHO leadership secured $3.8 billion in extra donor pledges, which will go some way towards the additional $7.1 billion needed to cover the organization until 2028. These pledges must be converted into money in the bank without delay. In the past, some donors have suggested structural reforms of the WHO's governance. It is arguable whether, at this time of crisis, such reform should be the number-one priority.

The WHO, like most large multilateral agencies, is complex. It is both an expert-led standard-setting body and an organization involved in alleviating suffering on the ground. Yet, at the same time, it is political: the head of the WHO is elected by the world's governments through a vote at the World Health Assembly, a kind of parliament of health ministers. This means that candidates campaign for the post, as do the six elected directors of the WHO's regional offices. Every WHO director-general, from the first, Brock Chisholm, to the incumbent, Tedros, has had to work within such a political framework. There is an argument for separating the agency's political and technical functions. However, unless WHO member states all agree — which is unlikely in the current geopolitical climate — the current architecture will not change.

That said, the world is very different today compared with 1948, when the WHO was founded. Established regional public-health bodies such as the Pan American Health Organization have been joined by newer ones, notably the Africa Centres for Disease Control and Prevention, in setting health-care standards and overseeing their delivery. Philanthropic organizations also offer a source of funding. These beneficial developments are helping to share the load previously carried mainly by national governments and the WHO.

Diseases, especially infectious diseases, do not respect borders. That is one of the reasons why the WHO was established as a global body, and it should have meant global responsibility for its funding. As the world's largest economy, it is understandable that the United States became the WHO's largest donor, and we hope it will soon rejoin the agency. But if countries genuinely want and value an organization that champions health for all, they must all step up to pay for it.